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CLINICAL AND FUNCTIONAL FEATURES OF BRONCHOBSTRUCTIVE
SYNDROME IN INFANT CHILDREN

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Abstract. Respiratory diseases occupy a leading place in the structure of morbidity in young children. In the acute period, these diseases are very often complicated by broncho-obstructive syndrome, with both infectious etiology and allergic nature.

Up to 30% of young children had obstructive bronchitis at least once, and bronchial asthma, the clinical equivalent of which is biofeedback, is recorded in almost 10% of the entire child population.

At the present stage, the concept of "broncho-obstructive syndrome" is collective, it can accompany various nosological forms of respiratory pathology, including a symptom complex of specifically outlined clinical manifestations of bronchial patency disorders, which are based on narrowing or occlusion of the airways.

It is the uniformity of the clinical symptoms of bronchial obstruction in bronchial asthma and obstructive bronchitis that makes it difficult to timely verify the diagnosis, and, therefore, makes it impossible to develop an adequate medical program for emergency care and rehabilitation and determines the prolongation of the treatment period and the aggravation of the course of the pathological process. At an early age in the differential diagnosis of broncho-obstructive syndrome, the set of methods is rather scarce and is often based only on the clinical picture in combination with anamnestic data. To clarify the etiological onset and severity of the course of the disease, they are used in addition to routine paraclinical tests (general blood count, X-ray examination of the chest, etc.).

Purpose of scientific research. To establish patterns of clinical, functional and immunological changes in broncho-obstructive syndrome of allergic and infectious etiology in young children in order to develop and justify the optimal set of therapeutic and diagnostic measures.

Material and methods. 127 children with broncho-obstructive syndrome were under observation, including 82 children with bronchial asthma, 45 children with obstructive bronchitis. Girls - 70, boys - 57 people. The control group consisted of 36 healthy children matched in sex and age. In the distribution of observed children according to the severity of the syndrome bronchial obstruction, it was found that more than 80% of children in both subgroups had predominantly moderate or mild manifestations of bronchial obstruction.

Results and discussions. For an in-depth study of risk factors contributing to the formation of broncho-obstructive syndrome of various etiologies, anamnestic and clinical data were analyzed, which showed the significance of genetic, biological and social factors. A comparative analysis of anamnestic factors in children under observation indicates the leading role in the occurrence of broncho-obstructive syndrome of infectious etiology of early-onset viral and bacterial infections (in 65.4%). Unfavorable microecology (dwellings, families) almost equally affects the formation of broncho-obstructive syndrome, both allergic (61%) and infectious etiology (56%). While the influence of macroecology was established only in bronchial asthma in 27% of cases. A burdened history of diseases of the

bronchopulmonary system in the 1st or 2nd generations is the most significant in the group of children with allergic broncho-obstructive syndrome (91.1%) than in infectious (65%) etiology. Recurrence of bronchopulmonary diseases is more common in children born to mothers who have a high level of pathology of the antenatal period: with obstructive bronchitis in 50%, and with bronchial asthma in 34% of cases. Children with bronchial asthma are characterized by the presence of polyvalent allergies (high sensitivity to household and epidermal allergens - 46.8%). Passive smoking was equally common in bronchial obstruction syndrome of both allergic and infectious etiology.

Conclusion. Depending on the severity of the broncho-obstructive syndrome, its etiology and the period of illness in young children, changes in the respiratory pattern occur in different frequency ranges of the phonorespirogram, accompanied by an increase in the acoustic work of breathing in the corresponding areas, which remain changed for a longer time than the clinical manifestations of obstruction, which requires adequate long-term medical correction, under the control of the function of external respiration.

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